



**CENTRAL GAUTENG ATHLETICS COACHES AFFILIATION FORM**

I hereby wish to apply to be accredited as a CGA Coach.

I understand that accreditation will only take place if I am athletically active.

**WERE YOU PREVIOUSLY ACCREDITED BY CGA?**

YES:       NO:       WHAT YEAR:

CLUB		LICENCE NO.	
SURNAME			
NAME			
ID NUMBER			
GENDER	MALE	<input type="checkbox"/>	FEMALE
ADDRESS			
TELEPHONE (W)	(      )		
CELL			
EMAIL			
EVENTS COACHING			
SIZE OF GOLF SHIRT			

**QUALIFICATION LEVEL (Please provide proof of Qualification):**

Provincial affiliation:      ASA LEVEL 1       ASA LEVEL 2

Athletics SA Accreditation level:

ASA LEVEL 3

WA LEVEL 1       WA LEVEL 2       WA LEVEL 3

WA LEVEL 4       WA LEVEL 5

Please forward a fully completed affiliation form, recent ID photo (electronic version in JPEG-format), copy of qualification certificate, letter of good standing from the club and proof of payment to [siphiwes@centralgautengathletics.co.za](mailto:siphiwes@centralgautengathletics.co.za). Payment must be made to Central Gauteng Athletics account number 62383418326, FNB Germiston, Branch code 250-142. Use name as Reference.

**Affiliation Fee:** Provincial: R 500-00       YES      NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. I agree to abide by the rules and regulations of CGA and/or ASA.
2. I agree to abide by the Coaches Code of Conduct as laid out by ASA.
3. I understand that the Committee reserves the right to reject your affiliation with good reason.

**REGISTRATION WINDOW FOR COACHES: 01 NOVEMBER 2025 – 31 JANUARY 2026**  
**NB: AFFILIATION is valid for 2 years February 2026 - December 2027**